U.S.DepartmentofHousingandUrbanDevelopment OfficeofPublicandIndianHousing

SmallPHAPlanUpdate -Year2 AnnualPlanforFiscalYear: FYE09/30/2002

AmesburyHousingAuthorityMA116 Amesbury,MA01913

c/oSection8AdministrativeOffices AmesburyHousingAuthority 180MainStreet Amesbury,MA01913

NOTE: THISPHAPLANSTEMPLATE (HUD50075) ISTOBECOMPLETEDIN ACCORDANCE WITHINSTRUCTIONS LOCATEDINAPPLICABLE PIHNOTICES

PHAPlan AgencyIdentification

PHAName: AmesburyHousingAuthority

PHANumber: MA116

PHAFiscalYearBeginning:(10/2001)

PHAPlanContactInformation:

Name:RobertJ.Mazzone Phone:978 -388-2022x11 TDD: 1-800-545-1833Ext.189

Email(ifavailable):AHAexecutive@ci.amesbury.ma.us

PublicAccesstoInformation

In formation regarding any activities outlined in this plane an be obtained by contacting: (select all that apply)

☑ Mainadministrative office of the PHA PHA development management of fices

Display Locations For PHAP lans and Supporting Documents

The PHAP lans (including attachments) are available for public inspection at: (select all that apply)

⊠MainadministrativeofficeofthePHA

PHAde velopmentmanagementoffices

Mainadministrative office of the local, county or Stategovernment

Publiclibrary

PHAwebsite

Other(listbelow)

PHAPlanSupportingDocumentsareavailableforinspectionat:(selectallthatapply)

⊠MainbusinessofficeofthePHA

PHAdevelopmentmanagementoffices

Other(listbelow)

PHAProgramsAdministered:

AnnualPHAPlan FiscalYear2001

[24CFRPart903.7]

i.TableofContents

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$Annual Plan \ - All pertinent information is contained within the confines of this report or can be viewed at the main Administrative Offices: 180 Main Street Amesbury, MA 01913$

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Response(mustbeattachedifnotincludedinPHAPlantext)

Other(Listbelow, providing each attachment name)

<u>ii.ExecutiveSummary</u>

[24CFRPart903.79(r)]

AtPHAoption, provide a briefover view of the information in the Annual Plan

${\bf 1. Summary of Policy or Program Changes for the Upcoming Year}$

-unit Housing Choice Voucher Program for the

Town of Amesbury, Massachusetts. Many changes were implemented with the Initial Annual Plan for FY 2000 and it is our ferventhopetobeabletoimplementmanyofthosechangesd uringthecurrentreportingperiodendingSeptember30,2002. 2.CapitalImprovementNeeds [24CFRPart903.79(g)] \mathbf{X} Exemptions: Section8onlyPHAsarenotrequiredtocompletethiscomponent. A. YesNo: IsthePHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan? B.WhatistheamountofthePHA 'sestimatedoractual(ifknown)CapitalFundProgramgrant fortheupcomingyear?\$____ C.YesNo DoesthePHAplantoparticipateintheCapitalFundPrograminthe upcomingyear? If yes, complete the rest of Component 7. If no, skip to next component. D.CapitalFundProgramGrantSubmissions (1)CapitalFundProgram5 -YearActionPlan The Capital Fund Program 5 - Year Action Planis provided as Attachment (2)CapitalFundProgramAnnualStatement The Capital Fund Program Annual Statement is provided as Attachment 3.D emolition and Disposition [24CFRPart903.79(h)] Applicability:Section8onlyPHAsarenotrequiredtocompletethissection. \mathbf{X} DoesthePHAplantoconductanydemolitionordispositionactivities 1.YesNo: \square (pursuanttosection18oftheU.S.HousingActof1937(42U.S.C. "No", skiptonext component; if 1437p))intheplanFiscalYear?(If "yes",completeoneactivitydescriptionforeachdevelopment.) 2. Activity Description Demolition/DispositionActivityDescription (NotincludingActivitiesAssociatedwithHOPEVIorConversionActivities) 1a.Developmentname: 1b.Development(project)number: 2.Activitytype:Demolition Disposition 3. Applicationstatus (selectone)

In this section, briefly describe changes in policies or programs discussed in last year's PHAP lanthat are not covered in other

sections of this Update. The Amesbury Housing Authority administers a 62

Approved

Submitted, pending approval

Plannedapplication

- 4. Dateapplicationapproved, submitted, or planned for submission: (DD/MM/YY)
- 5. Number of units affected:
- 6.Coverageofaction(selectone)

Partofthedevelopment

Total development

7.Relocationresources(selectallthatapply)

Section8forunits

Publichousing forunits

Preferenceforadmissiontootherpublichousingorsection8

Otherhousingforunits(describebelow)

- 8. Timeline for activity:
 - a. Actualorprojectedstartdateofactivity:
 - b. Actualorprojectedstartdateofrelocationactivities:
 - c.Projectedenddateofactivity:

4.VoucherHomeownershipProgram

[24CFRPart903.79(k)]

A. XYesNo:

DoesthePHAplan toadministeraSection8Homeownershipprogram pursuanttoSection8(y)oftheU.S.H.A.of1937,asimplementedby24 CFRpart982?(If "No",skiptonextcomponent;if "yes",describeeach programusingthetablebelow(copyandcompletequestionsforeach programidentified.)

B.CapacityofthePHAtoAdministeraSection8HomeownershipProgram

ThePHAhasdemonstrateditscapacitytoadministertheprogr amby(selectallthatapply):

- ☑ Establishingaminimumhomeownerdownpaymentrequirementofatleast3percent andrequiringthatatleast1percentofthedownpaymentcomesfromthefamily s resources
- No -Requiringthatfinancingforpurchaseofahomeunderitssection8homeownership willbeprovided,insuredorguaranteedbythestateorFederalgovernment;comply withsecondarymortgagemarketunderwritingrequirements;orcomplywithgenerally acceptedprivatesectorunderwritingstandards
- Dem onstratingthatithasorwillacquireotherrelevantexperience(listPHA experience,oranyotherorganizationtobeinvolvedanditsexperience,below):

5.SafetyandCrimePrevention:PHDEPPlan

[24CFRPart903.7(m)]

B.StatementofConsistencywiththeConsolidatedPlan

ForeachapplicableConsolidatedPlan,makethefollowingstatement(copyquestionsasmanytimesasnecessary).

- 1.ConsolidatedPlanjurisdiction:(AmesburyOfficeofPlanning&Deve lopment,Amesbury MA)
- 2. The PHA has taken the following steps to ensure consistency of this PHAP lan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - ☑ThePHAhasbaseditsstatementofneedsoffamiliesinthejurisdictiononthe needsexpressedintheConsolidatedPlan/s.
 - ☑ThePHAhasparticipatedinanyconsultationprocessorganizedandofferedby theConsolidatedPlanagencyinthedevelopmentoftheConsolidatedPlan.
 - ☑ThePHAhasconsultedwiththeConsolidated Planagencyduringthe developmentofthisPHAPlan.
 - Activities to be under taken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below) Other: (list below)

PHARequestsforsupportfromtheConsolidatedPlanAgency

- Yes No:DoesthePHArequestfinancialorothersupportfromtheStateorlocal governmentagencyinordertomeettheneedsofitspublichousingresidentsor inventory?Ifyes,pleaselistthe5mo stimportantrequestsbelow:
- 4. TheConsolidatedPlanofthejurisdictionundertheTownofAmesburyPlanning& DevelopmentDept.supportsthePHAPlanwiththefollowingactionsandcommitments: (describebelow).TheAgencyresponsiblefortheConsolidatedPlanforAmesbury ,Massachusettsnoted fullsupport_intheirreviewofthePHAPlanforYear2000as presented.
- 5. KeytargetsoftheTownofAmesburyCommunityDevelopmentDepartmentareasfollows:
 - A) expanding the supply of affordable housing
 - B) ProvideHou singOptionsforSpecialPopulationstopreventhomelessness
 - C) Maintain, Preserve and Improve the affordable housing stock

C.Criteria for Substantial Deviation and Significant Amendments

AmendmentandDeviationDefinitions

24CFRPart903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5 -year Plan and SignificantAmendmenttotheAnnualPlan. The definition fsignificantamendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plant of ull public hearing and HUD review before implementation.

A.SubstantialDeviationfromthe5 -yearPlan:TheAmesburyHousingAuthoritydefinesa substantialdeviationfromtheAnnualPlanasaneventwhichaffectsatleast20unitsinthe 62unitinventoryorrequiresHUDapproval(e.g.utilizingPaymentStandards inexcess of 10%oftheFairMarketRentfortheapplicablemarketarea.)

B. SignificantAmendmentorModificationtotheAnnualPlan:Ifsuchadeviationoccurs intheadministrationoftheAHA62 -unitprogram,theAHAstaffwillsubmitand amendmenttoHUDforthatapplicablefiscalyearplan.

<u>Attachment_A_</u> SupportingDocumentsAvailableforReview

PHAs a reto indicate which documents are available for public review by placing a mark in the Applicable & On Display the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

columnin

	ListofSupportingDocumentsAvailableforReview	,
Applicable & OnDisplay	SupportingDocume nt	RelatedPlan Component
Main Administrati veOfficein Amesbury, MA	PHAPlanCertificationsofCompliancewiththePHAPlansand RelatedRegulations	5YearandAnnual Plans
Main Administrati veOfficein Amesbury, MA	State/LocalGovernmentCertificationofConsistencywiththe ConsolidatedPlan(notrequiredforthisupdate)	5YearandAnnual Plans
Main Administrati veOfficein Amesbury, MA	FairHousingDocumentationSupportingFairHousing Certifications:Records reflectingthatthePHAhasexaminedits programsorproposedprograms,identifiedanyimpedimentstofair housingchoiceinthoseprograms,addressedorisaddressing thoseimpedimentsinareasonablefashioninviewoftheresources available,andworkedorisworkingwithlocaljurisdictionsto implementanyofthejurisdictionsinitiativestoaffirmatively furtherfairhousingthatrequirethePHA 'sinvolvement.	5YearandAnnual Plans
Joseph Fahey Directorof Planning& Developmen tforTown ofA mesbury 978-388- 8110x310 62Friend St. Amesbury, Ma01913	HousingNeedsStatementoftheConsolidatedPlanforthe jurisdiction/sinwhichthePHAislocatedandanyadditional backupdatatosupportstatementofhousingneedsinthe jurisdiction	AnnualPlan: HousingNeeds

	<u>ListofSupportingDocumentsAvailableforRevie</u>	
Applicable & OnDisplay	SupportingDocume nt	RelatedPlan Component
Section8 OnlyPHA	Mostrecentboard -approvedoperatingbudgetforthepublic housingprogram	AnnualPlan: FinancialResources
Section8 OnlyPHA	PublicHousingAdmissionsand(Continued)OccupancyPolicy (A&O/ACOP),whichinclud estheTenantSelectionand AssignmentPlan[TSAP]	AnnualPlan: Eligibility,Selection, andAdmissions Policies
Section8 OnlyPHA	AnypolicygoverningoccupancyofPoliceOfficersinPublic Housingcheckhereifincludedinthepublichousing A&OPolicy	AnnualPlan: Eligibility,Selection, andAdmissions Policies
Main Administrati veOfficein Amesbury, MA	Section8AdministrativePlan	AnnualPlan: Eligibility,Selection, andAdmissions Policies
Section8 OnlyPHA	Publichousingrentdeterminatio npolicies,includingthemethod forsettingpublichousingflatrents checkhereifincludedinthepublichousing A&OPolicy	AnnualPlan:Rent Determination
Section8 OnlyPHA	Scheduleofflatrentsofferedateachpublichousingdevelopment checkhereifincludedinthepublichousing A&OPolicy	AnnualPlan:Rent Determination
Main Administrati veOfficein Amesbury, MA	Section8rentdetermination(paymentstandard)policies CheckhereifincludedinSection8AdministrativePlan	AnnualPlan:Rent Determination
Section8 OnlyPHA	Publichousingmanagementandmaintenancepolicydocuments, includingpoliciesforthepreventionoreradicationofpest infestation(includingcockroachinfestation)	AnnualPlan: Operationsand Maintenance
Section8 OnlyPHA	ResultsoflatestbindingPublicHousingAssessmentSystem (PHAS)Assessment	AnnualPlan: Managementand Operations
Section8 OnlyPHA	Follow-upPlantoResultsofthePHASResidentSatisfaction Survey(ifnecessary)	AnnualPlan: Operationsand Maintenanceand CommunityService& self-sufficiency
Main Administrati veOfficein Amesbury, MA	ResultsoflatestSection8ManagementAssessmentSystem (SEMAP)	AnnualPlan: Managementand Operations
Main	AnyrequiredpoliciesgoverninganySection8specialhousing	AnnualPlan:

Applicable & OnDisplay Administrati veOfficein Amesbury, MA	SupportingDocume nt types(ProjectBasedVouchers&HomeOwnershipProgram) ⊠checkhereifincludedinSection8AdministrativePlan	RelatedPlan Component Operations and Maintenance
veOfficein Amesbury,	⊠ checkhereifincludedinSection8AdministrativePlan	
Section8 OnlyPHA	Publichousinggri evanceprocedures checkhereifincludedinthepublichousing A&OPolicy	AnnualPlan:Grievance Procedures
MainOffice Amesbury, MA	Section8informalreviewandhearingprocedures CheckhereifincludedinSection8AdministrativePlan	AnnualPlan: GrievanceProcedures
Section8 OnlyPHA	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	AnnualPlan:Capital Needs
Section8 OnlyPHA	MostrecentCIAPBudget/ProgressReport(HUD528 25)forany activeCIAPgrants	AnnualPlan:Capital Needs
Section8 OnlyPHA	ApprovedHOPEVIapplicationsor,ifmorerecent,approvedor submittedHOPEVIRevitalizationPlans,oranyotherapproved proposalfordevelopmentofpublichousing	AnnualPlan:Capital Needs
Main Administrati veOfficein Amesbury, MA	Self-evaluation, Needs Assessment and Transition Planrequired by regulations implementing \$504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52 (HA).	Annual Plan:Capital Needs
Section8 OnlyPHA	Approvedorsubmittedapplicationsfordemolitionand/or dispositionofpublichousing	AnnualPlan: Demolitionand Disposition
Section8 OnlyPHA	Approvedorsubmittedapplicationsfordesignationofpublic housing(DesignatedHousingPlans)	AnnualPlan: DesignationofPublic Housing
Section8 OnlyPHA	Approvedorsubmittedassessmentsofreasonablerevitalizationof publichousingandapprovedorsubmittedconversionplans preparedpursuanttosection202ofthe 1996HUDAppropriations Act,Section22oftheUSHousingActof1937,orSection33of theUSHousingActof1937	AnnualPlan: ConversionofPublic Housing
Section8 OnlyPHA	Approvedorsubmittedpublichousinghomeownership programs/plans	AnnualPlan: Homeownership
Main Administrati veOfficein Amesbury, MA	PoliciesgoverninganySection8Homeownershipprogram (SectionXIVoftheAHA/MHASection8AdministrativePlan)	AnnualPlan: Homeownership
Section8 OnlyPHA Section8	Cooperationagreementbetwe enthePHAandtheTANFagency andbetweenthePHAandlocalemploymentandtrainingservice agencies FSSActionPlan/sforpublichousingand/orSection8	AnnualPlan: CommunityService& Self-sufficiency AnnualPlan:

	ListofSupportingDocumentsAvailableforReview	
Applicable & OnDisplay	SupportingDocume nt	RelatedPlan Component
OnlyPHA	NoFSSprogramvouchersininventory	CommunityService& Self-sufficiency
Section8 OnlyPHA	Section3documentationrequiredby24CFRPart135,SubpartE NoFSSHCVorFederalPublicHousingunits	AnnualPlan: CommunityService& Self-sufficiency
Section8 OnlyPHA	Mostrecentself -sufficiency(ED/SS,TOPorROSSorother residentservicesgrant)grantprogramreports	AnnualPlan: CommunityService& Self-sufficiency
Section8 OnlyPHA	ThemostrecentPublicHousingDrugEliminationProgram (PHEDEP)semi -annualperformancereport	AnnualPlan:Safety andCrimePrevention
Section8 OnlyPHA	PHDEP-relateddocumentation: Baselinelawenforcementservicesforpublichousing developmentsassistedunderthePHDEPplan; Consortiumagreement/sbetweenthePHAspar ticipating intheconsortiumandacopyofthepaymentagreementbetween theconsortiumandHUD(applicableonlytoPHAsparticipatingin aconsortiumasspecifiedunder24CFR761.15); Partnershipagreements(indicatingspecificleveraged support)withagencies/organizationsprovidingfunding,services orotherin -kindresourcesforPHDEP -fundedactivities; Coordinationwithotherlawenforcementefforts; Writtenagreement(s)withlocallawenforcementagencies (receivinganyPHDEPfunds);and Allcrimestatisticsandotherrelevantdata(includingPart IandspecifiedPartIIcrimes)thatestablishneedforthepublic housingsitesassistedunderthePHDEPPlan.	AnnualPlan:Safety andCrimePrevention
Section8 OnlyPHA	PolicyonOwnershipofPetsinPublicHousingFamily Developments(asrequiredbyregulationat24CFRPart960, SubpartG) checkhereifincludedinthepublichousingA&OPolicy	PetPolicy
Main Administrati veOfficein Amesbury, MA	Theresultsofthemostrecentfiscaly earauditofthePHA conductedundersection5(h)(2)oftheU.S.HousingActof1937 (42U.S.C.1437c(h)),theresultsofthatauditandthePHA 's responsetoanyfindings	AnnualPlan:Annual Audit
Main Administrati veOfficein Amesbury, MA		TroubledPHAs
	Othersupportingdocuments(optional) (listindividually;useasmanylinesasnecessary)	(specifyasneeded)

SmallPHAPlanUpdatePage 5 **TableLibrary**

PHAN		GrantTypeandNumber	FederalFYofGrant:		
Origi	inalAnnualStatementReserveforDisasters/Emo	ergenciesRevisedAn	nualStatement		
Line No.	SummarybyDevelopmentAccount	TotalEstir	natedCost	TotalA	ctualCost
		Original	Revised	Obligated	Expended
	Totalnon -CFPFunds				
	1406Operations				
	1408ManagementImprovements				
	1410Administration				
	1411Audit				
	1415liquidatedDamages				
	1430FeesandCosts				
	1440SiteAcquisition				
	1450SiteImprovement				
)	1460DwellingStructures				
	1465.1DwellingEquipment —Nonexpendable				
2	1470NondwellingStructures				
3	1475NondwellingEquipment				
ļ	1485Demolition				
5	1490ReplacementReserve				
5	1492MovingtoWorkDemonstration				
7	1495.1RelocationCosts				
3	1498ModUsedforDevelopment				
)	1502Contingency				
)	AmountofAnnualGrant:(sumoflines2 -19)				
	Amountofline20RelatedtoLBPActivities				
2	Amountofline20RelatedtoSection504Compliance				
;	Amountofline20RelatedtoSecurity				

Ann	Annual Statement / Performance and Evaluation Report					
PHAN	ame:	GrantTypeandNumber	FederalFYofGrant:			
Origi	OriginalAnnualStatementReserveforDisasters/EmergenciesRevisedAnnualStatement					
Line	SummarybyDevelopmentAccount	TotalEstimatedCost	TotalAct	ualCost		
No.						
24	Amountofline20Relate dtoEnergyConservation					
	Measures					

PHAName:		GrantTypeandN CapitalFundPro CapitalFundProg ReplacementHou	gram#: ram		FederalFYofGrant:			
Development Number	GeneralDescriptionof MajorWorkCategories	Dev.AcctNo. Quantity		TotalEstim	TotalEstimate dCost		TotalActualCost	
Name/HA-Wide Activities	Wajoi workcategories	Wagoi workeategories		Original	Revised	FundsObligated	Funds Expended	Proposed Work
								<u> </u>

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF) PartIII:ImplementationSchedule									
PHAName:			FypeandNuml alFundProgran FundProgramI		FederalFYofGrant:				
DevelopmentNumber Name/HA-Wide Activities		lFundObligated nartEndingDate	•			ReasonsforRevisedTargetDates			
	Original	Revised	Actual	Original	Revised	Actual			

HUD50075

${\bf Capital Fund Program 5 \ - Year Action Plan}$

Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.CompleteatableforanyPHA -widephysicalormanagementimprovements plannedinthenext5PHAfiscalyear.Copythistableasmanytimesasnecessary.Note:PHAsneednotincludeinformationfromYearOneofthe5 -Yearcycle,becausethis informationisincludedintheCapitalFundProgramAnnualStatement.

Originalstatement			
Development Number	Revisedstatement DevelopmentName (orindicatePHAwide)		
DescriptionofNeede Improvements	dPhysicalImprovementsorManagement	EstimatedCost	PlannedStartDate (HAFiscalYear)
Fotalestimatedcost	overnext5years		

OMBApprovalNo:2577 -0226 Expires:03/31/2002

PHAPublic Housing Drug Elimination Program Plan

AmountofPHDEPGrant\$ Eligibilitytype(Indicatewithan "x") N1N2R	Note:THISPHDEPPlantemplate(HUD50075 -PHDEPPla	an)istobecompletedinac	cordancewithInstruc	ctionslocatedin applicablePIHNotices.
nthe space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected utcomes. The summary must not be more than five (5) sentences long 2. Target Areas Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that vailable in PHDEP Target Area (Name of development (s) or site) Total Hop Units within the PHDEP Target Area (s) HDEP Target Area (s) Total Population to be Served within the PHDEP Target Area (s) Area(s) "x" to indicate the length of program by # of months.	C.FFYinwhichfundingisrequested	N2 R		
C. Target Areas Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that vailable in PIC. PHDEP Target Areas	·	highlights of major initiative	soractivities undertaken.	Itmayincludeadescriptionoftheexpected
Complete the following table by indicating each PHDEPT arget Area (development or site where activities will be conducted), the total number of units in each PHDEPT arget Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that vailable in PIC. PHDEPT arget Areas (Name of development (s) or site) Total # of Units within the PHDEPT arget Area(s) PHDEPT arget Area(s) PHDEPT arget Area(s) PHDEPT arget Area(s) PHDEPT arget Area(s) "x" to indicate the length of program by # of months.	outcomes. The summary must not be more than five (5) sentences long			
(Nameofdevelopment(s)orsite) the PHDEPT arget Area(s) PHDEPT arget Area(s) S. Duration of Program Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months.		· · · · ·		• •
(Nameofdevelopment(s)orsite) the PHDEPT arget Area(s) PHDEPT arget Area(s) S. Duration of Program Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months.				न
ndicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months.	<u> </u>	thePHDEPTarget	beServedwithinthe PHDEPTarget	
ndicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months.				
ndicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months.				
	F.DurationofProgram Indicate the duration (number of months funds will be required) of the PHDE For "Other", identify the #of months).	EPProgramproposedundertl	nisPlan(placean	$\hbox{``x''} to indicate the length of program by \#of months.$
HID COOK	HUD50075			

	12Months	18Months	24Mont	hs					
G.PHDEP	ProgramHisto	rv							
Indicateeach	FYthatfundinghas	sbeenreceivedunderthel	PHDEPProgram(placea mission, indicate the fund			-	• • •	ceived.Ifprevious lectthebalanceas	
	issionofthePHDE		ndDateshouldincludean				grantextensions		"GE"incolumn
	FiscalYearof Funding	PHDEP Funding Received	Grant#	FundBalanceas ofDateofthis Submission	Grant Extensions orWaivers	GrantStart Date	GrantTerm EndDate		
	FY1999								
Section2:I	PHDEPPlanGe	oalsandBudget	-						
	PlanSummary pelow. summarize	y the PHDEP strategy to a	ddress the ne eds o	of the target population	on/target area(s).	Your summary	should briefly id	entify: the broad g	oals and
			cessformonitoringandev				maryshouldnote		entences.
	BudgetSummar lamountofPHDEP	:V fundingallocatedtoeach	lineitem.						

PHDEPPlanGoalsandActivities

Inthetablesbelow,provideinformationo nthePHDEPstrategysummarizedabovebybudgetlineitem. Eachgoalandobjectiveshouldber line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). I informationinshadedboxes. Informationprovidedmustbeconcise —nottoexceedtwosentencesinanycolumn. Tablesforlineitemsin activitiesmaybedeleted.

9110 -ReimbursementofLaw	TotalPHDEPFunding:\$					
Goal(s)						
Objectives						
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)
1.			·			
2.						
3.						_

9115 -SpecialInitiative	,							Tota	alPHDE	PFunding
Goal(s)										
Objectives										
ProposedActivities		#of Persons Served	Target Population		Start Date	Expected Complete Date		PHEDEP Funding		OtherI (An So
1.										
2.										
3.										
9116 -GunBuybackTA	Match						Total	PHD	EPFund	ing:\$
Goal(s)							<u> </u>			
Objectives										
ProposedActivities	#of Persons Served	-		Start Date	Expec Comp	lete	PHEI Fund			nerFunding ount/Source
1.										
2.										

9120 -SecurityPersonnel				TotalPHDEPFunding:\$		
Goal(s)					II.	
Objectives						
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherF (Amount
1.						
2.						
3.						
9130 -EmploymentofI	nvestigators				TotalPHDEPF	unding:\$

Goal(s)						
Objectives						
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherI (Amoun
1.						
2.						
3.						

9140 – VoluntaryTena	TotalPHDEPFunding:\$					
Goal(s)						
Objectives						
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherF (Amoun
1.						
2.						
3.						

9150 - PhysicalImpro	TotalPHDEPFunding:\$					
Goal(s)						
Objectives						
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFun (Amount/So
1.						
2.						
3.						

9160 -DrugPrevention				TotalPHDEPFunding:		
Goal(s)						
Objectives						
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherF (Amoun
1.						
2.						
3.						

9170 -DrugIntervention					TotalPHDEPFu	inding:\$
Goal(s)						
Objectives						
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Oth (Amo
1.						
2.						
3.						

9180 -DrugTreatment	TotalPHDEPFunding:\$					
Goal(s)						
Objectives						
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFund (Amount/So
1.						
2.						
3.						

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFun (Amount/S	
1.							
2.							
3.							

RequiredAttachment____:ResidentMemberonthePHAGoverning Board

1.Yes No: DoesthePHAgoverningboardincludeatleastonememberwho

is directly as sisted by the PHA this year? (if no, skip to #2)

Nameofresidentmember(s)onthegoverningboard:Notapplicable Howwastheresidentboardmemberselected:(selectone)?

Elected Appointed

- C. Thetermofappointmentis(includethedatetermexpires):
- 2. A. IfthePHAgoverningboarddoesnothaveatleastonememberwhoisdirectly assistedbythePHA,whynot?

the PHA is located in a State that requires them embers of a governing board to be salaried and serve on a full time basis the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board. Other (explain):

B. Dateofnexttermexpirationofagoverningboardmember:Notapplicable

Nameandtitleofappointingofficial(s)forgoverningboard(indicateappointingo fficial forthenextposition):

$\label{lem:membership} \textbf{RequiredAttachment} \underline{\hspace{1cm}} \textbf{:} \textbf{MembershipoftheResidentAdvisory} \\ \textbf{BoardorBoards}$

ListmembersoftheResidentAdvisoryBoardorBoards:(Ifthelistwouldbe unreasonablylong,listorganizationsrepresentedorotherwiseprovideadescription sufficienttoidentifyhowmembersarechosen.)

Theentiremailinglistofthe62currentSection8recipientswerecontactedtoattenda meetingheldtodiscussthePHAPlanforFYE9/30/2002comprisesthecontentofthe AmesburyHousingAuthorityResidentAdvisoryBoard.Virtuallyallrecipientsare notifiedofthePHAPlanContentsandaresentacopyfortheirreview.ASurveyis includedinthePHAplanforanycommentsandsuggestionsthatmaybeincorporatedin theplan.Thereisnoneedtopublishthesenamesforpublicreview.

It may be convenient for larger public housing authorities with a portfolio of HUD funded public housing programs to bring resident stogether for a Resident Advisory Board meeting. But a 62 - unit program with vouchers under lease in six communities have difficulty bringing the heads of families together who have employment and child rearing responsibilities for a RAB meeting during the work week or evening sor on weekends.